U.S. Department of Labor Qhice of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U - 4946	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Alfred H Higgs Jr	Name IRON WORKERS AFL-CIO
	Labor Organization File Number 0.00-052
P.O. Box, Bldg., Room No., if any Suite 401	P.O. Box, Building and Room Number, if any
Street 1750 New York Avenue, NW	Street 1750 New York Avenue, N.W.
City Washington	City Washington
State District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006-5301
5. Position in labor organization. Administrator	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, of income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On 08/04/2005 202.383.4875

Name of Person Filing Alfred Higgs, Jr	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name IA Salaried Off & BES of Loc Un/Dis Coun PP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 401  Street 1750 New York Avenue  City Washington  State District of Columbia ZIP Code +4 20006	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.a. Nature of such dealing.  Local Unions and other Employers make contributions to trust fund pursuant to a the International Association of Bridge, Structural, Ornamental and Reinforcing Ironworkers constitution & CBAs. The amount to be entered in 11B can not be determined.	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Attendance at General Executive Committee meetings 05/09/2004 - 02/14/2004  Lodging - \$785  Transportation - \$488  Meals - \$80	
	12.b. Amount. \$1,353	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	